	Express Mail Label No. (if applicable)				
	Application No.	10/750,020			
on	Confirmation No.	9324			
	Filing Date	December 31, 2003			
	First Named Inventor	THALANANY			
	Group Art Unit	2626			
	Examiner Name	Shah, Paras D			

258808

Request for Continued Examination (RCE) Transmittal Address to:

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Attorney Docket No.

Client Reference No.

		ssion require			114					
a.	a. 🛛 Previously submitted									
	i.	i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on January 28, 2008 (Any unentered amendment(s) referred to above will be entered.)								
	ii.							iouely file	d on	
	II. III.									
b.		Enclosed								
	i.	☐ Amendn	nent/Rep	oly		iv.	☐ Form PTC	D-1449		
	ii.			aration(s)		٧.			ces listed in For s and applications)	
	iii.	☐ Informat	ion Disc	losure State	ment (IDS)) vi.	☐ Other:	•	• •	
2. M i		aneous								
a.		•							37 CFR 1.103(c) for a period
	_						nths; fee under 3	7 CFR 1.17	(i) required.)	
b.		Applicant cla	ims sma	all entity statu	us. See 37	' CFR 1.2	7			
C.		Other:								•
							CFR 1.114 wh			
a.							otal amount in			
	(Au						pose, unless su		a EFS-vveb.)	\$810.00
	i. ii.						37 CFR 1.17(R 1.136 and 1.17			\$810.00
	II. III.	☐ An exter				•	R 1.136 and 1.17 Ired and the fe	•	arafar of	φ υ.υυ
	111.						otal amount o			
		requeste		su nom me a	Olai ico da	C IOI LIIC L	otal alliount o	I GALORIOR	JITTIOW	
	iv.	•		xtension of ti	me (includi	ing the pe	riod noted abo	ove, if che	ecked), as	
	•••						der the prese			
							the appropriat			
	٧.		ion of a	ction fee of \$	3130.00 (37	7 CFR 1.1	7(i))			\$ 0.00
	vi.	Other:								
	νii.	☐ Claim fe	e							
		CLAIMS		HIGHEST						
		REMAINING		NUMBER	EXTRA		ADD'L		ADD'L	
CLAIM F	EE	AFTER AMENDMENT		PREVIOUSLY PAID FOR	CLAIMS PRESENT	RATE	CLAIM FEE	RATE	CLAIM FEE	
TOTAL		27	Minus	44	=	x 25 =		x 50 =	0	
INDEPE	NDENT	3	Minus	4	=	x 105 =		x 210 =	0	
FIRST PRESENTATION OF MULTIPLE CLAIM + 185 = + 370 =										
Total amount to be charged to Deposit Account \$81						\$810.00				
b.	b. 🛮 The Commissioner is hereby authorized to charge any deficiencies in the above fees or to									
	credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this									
1	communication is enclosed for that purpose, unless submitted via EFS-Web.)									

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED							
Name (Print/Type)	Phillip M. Pippenger	Registration No. (Attorney/Agent)	46,055				
Signature	/Phillip M. Pippenger/	Date	April 25, 2008				
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)				

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10							
I hereby certify that this document and all accompanying documents are, on the date indicated below, being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 in an envelope addressed in the same manner indicated on this document with Express Mail Label Number							
 deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed in the same manner indicated on this document. facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300. 							
Name (Print/Type)							
Signature	Date	April 25, 2008					

RCE TRANSMITTAL (Revised 9/30/2007)